

2000 Schafer Street, Suite G Bismarck, ND 58501-1204 Telephone (701) 328-9933 Fax Number (701) 328-9955

PLEASE TYPE OR PRINT WITH BLACK INK.

Name of Firm Complained Against

When filling out this form, please keep in mind that a copy of this complaint form may be forwarded to the party or firm complained against.

Your Name

Address				Address					
City	State	Zip Code		City			State	Zip Code	
Telephone Number				Home Telephone Number Bus		Busin	usiness Telephone Number		
Type of Business				Email					
Date of Transaction Amount of Money You Have Already Pa			Paid	Amount of Money Firm Says You Still Owe					
Explain the facts and circumstances of your complaint and indicate how you would like the complaint resolved. If you need more room, use additional sheets of paper and attach to the complaint.									
The statements contained in this complaint are true and accurate to the best of my knowledge. I wish to file a complaint against the party named. I understand the Department of Financial Institutions is not permitted to engage in the private practice of law, and therefore is not my lawyer or legal representative. I am, however, filing this complaint to notify the Department of Financial Institutions of the activities of the firm about which I have a complaint.									
Date				Signature					

ATTACH THE FOLLOWING TO THE COMPLAINT

- 1 Copy of any contract or written agreement
- 2 Copy of any receipt
- 3 Copy of any cancelled check or other proof of payment
- 4 Copy of any written advertisement
- 5 Copy of any correspondence
- 6 Copy of any other related documents

SEND TO: